# Mind Matters ECHO

**Module:** Anxiety
**Session 4:** Understanding and Managing Side Effects of Commonly Prescribed Anxiolytics

April 13, 2022

Project ECHO®

Mount Sinai Health Partners

# Welcome!

- Pre-survey: bit.ly/anxietymeeting4
- Hub team introductions
- Disclosures
- Questions during presentations

# Case Presentation


## Dr. Nikita Barai

**Internal Medicine Associates**

# Patient Information

| | |
|---|---|
| **Demographic Information** | • 73 year old cis-female<br>• Dual Eligible<br>• Lives alone<br>• Not presently employed |
| **Medical History** | • HTN<br>• Osteoarthritis |
| **Current Medications** | • Amlodipine 5 mg daily<br>• HCTZ 25 mg daily<br>• Vitamin D 1,000 IU daily<br>• Acetaminophen PRN |
| **Past Psychiatric Medications** | • None |

# Patient Information

| | |
|---|---|
| **Psychiatric and Social History** | • None reported |
| **Family Psychiatric and Social History** | • Daughter died of cancer 10 years ago, son was killed by GSW 2 years ago |
| **History of Trauma** | • None reported |
| **Current Psychiatric Diagnoses** | • Generalized Anxiety Disorder<br>• Depression |

# Patient Information

| | |
|---|---|
| **Symptoms of Depression** | • Sleep<br>• Energy<br>• Anhedonia<br>• Feelings of hopelessness, helplessness, and/or guilt<br>• The patient describes feeling down, depressed, or hopeless and having trouble with her sleep more than half of the days; she describes feeling tired, having a poor appetite, trouble concentrating on things, and feeling bad about herself several days. |
| **Symptoms of Anxiety/Panic** | • Palpitations<br>• Chest pain<br>• Shortness of breath<br>• Hot flashes<br>• Dizziness<br>• Constant worry<br>• Intrusive worrisome thoughts<br>• Describes experiencing constant worry and having intrusive worrisome thoughts almost all of the time; feeling nervous, anxious, or on edge and worrying that something terrible will happen several days; feels easily annoyed or irritable more than half the days. She also describes experiencing palpitations, chest pain, hot flashes, and shortness of breath on occasion. These symptoms have led her to visit the ED 5 times in the past year. Her work up for an underlying etiology has been negative. |

# Patient & Case Information

| | |
|---|---|
| **Current Treatment Plan for Psychiatric Conditions** | • Engaged in talk therapy for the past 6 months, but continues to experience debilitating symptoms. 2 ED visits have been following initiation of therapy. |
| **Areas of Support and Consultation Being Sought** | • Pharmacological consultation<br>• Strategies for engaging the patient and/or their caregivers family |
| **Main Question** | • 73 year old woman with past medical history of hypertension, osteoarthritis of the knees and hips, generalized anxiety disorder with GAD 7 score of 11, depression with a PHQ 9 score of 9, and 5 ED visits in the past year for nonspecific symptoms that I believe are related to inadequately treated depression and anxiety. The patient has been engaged in talk therapy, but I believe she would benefit from medication. She is extremely concerned about potential side effects. How should I approach medication selection and adjustment in this patient with anxiety and depression? |

# Understanding and Managing Side Effects of Commonly Prescribed Anxiolytics

Seema Quraishi, MD
Director, Consultation-Liaison Psychiatry Mount Sinai Beth Israel
Jordan Schwartzberg, DO
Fellow, Consultation-Liaison Psychiatry, Mount Sinai Hospital

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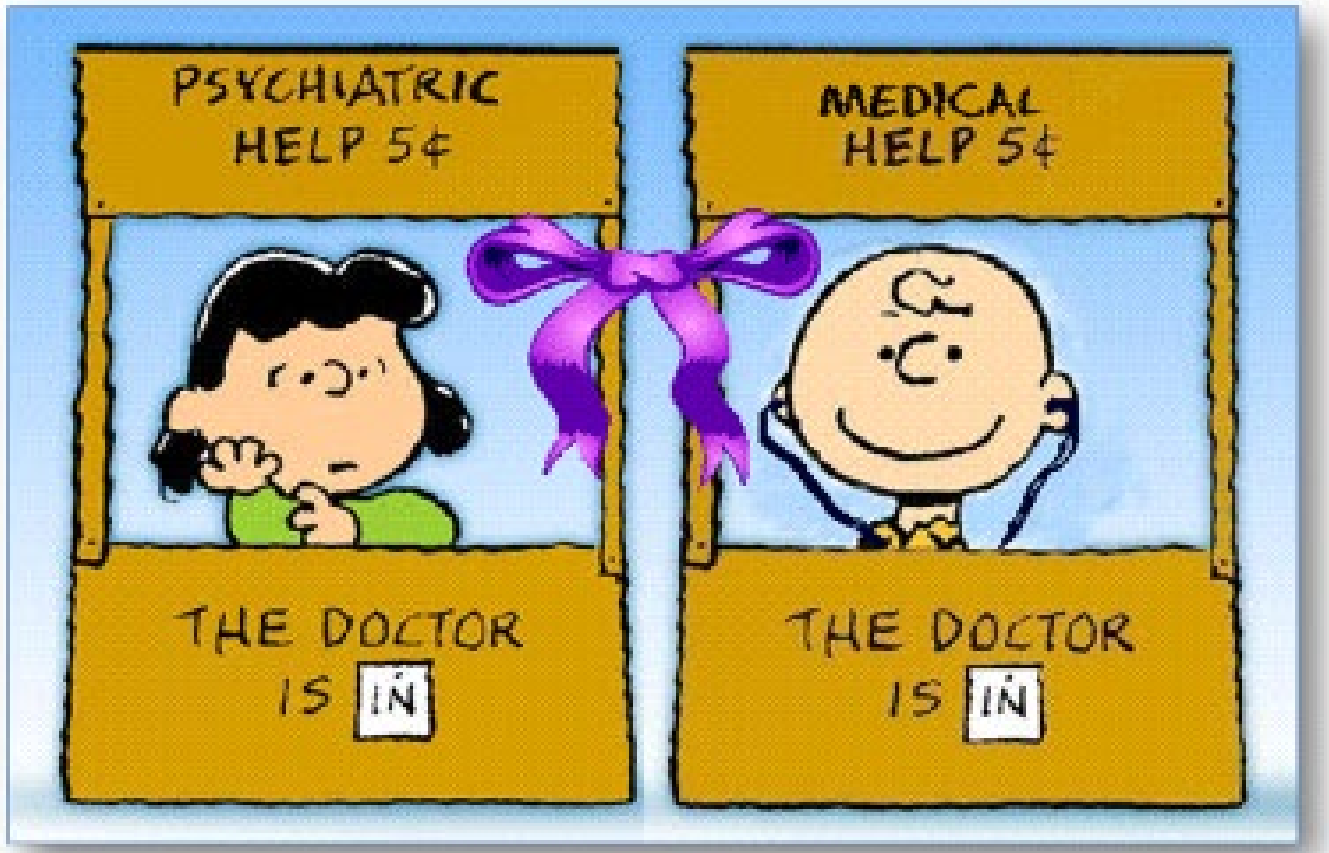
# Integrated Care



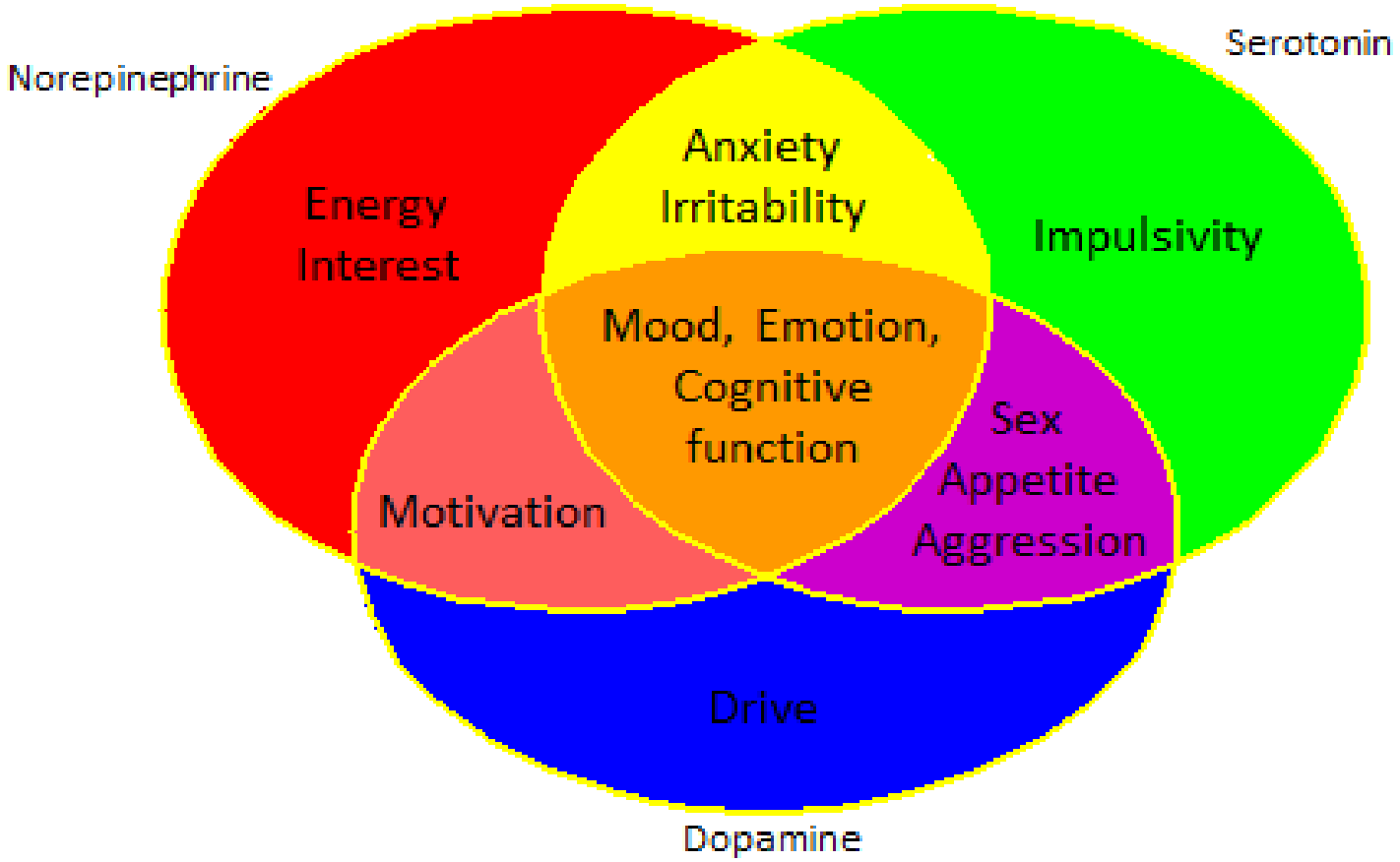
# What is Anxiety? (DSM-5)

# Anxiety Mimics

# Neurotransmitter Toolbox


## Major Neurotransmitters

Behavioral Health Virtual Resource

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# Side Effects: Antidepressants

**Serotonergic (SSRIs)**
- insomnia
- sexual side effects
- weight gain
- activation
- nausea/diarrhea

**Dopaminergic (Buproprion)**
- activation
- insomnia
- no sexual SE
- no weight gain
- seizure risk

**Norepinephrine (TCAs)**
- blood pressure
- sedation
- weight gain
- cardiac in overdose

**SNRI**
- combo SSRI and TCA
- nausea
- weight gain

# Sertraline (Zoloft)

- Dose 50-200mg daily
- T ½ 22-36 hours
- **Activating so dose in AM to prevent insomnia**
- Good for patients with fatigue and low energy
- **Start at 25mg if patient anxious, or even 12.5mg as tablet is scored**
- **Best documented cardiovascular safety in angina, CHF, post MI**
- Cyto P450 weak 2D6 and 3A4 inhibitor

# Escitalopram (Lexapro)

- Dose 10-20mg daily
- T ½ 27-32 hours
- Can start in AM or PM
- Start at 5mg if patient elderly, medically frail, or concerned about S/E
- **No significant drug-drug interactions**
- Some patients report faster onset of action
- **May be among the best tolerated antidepressants**

# Citalopram (Celexa)

- Dose 10-40mg daily
- **FDA advisory for doses >40mg can cause dose dependent increase in QTc interval**
- T ½ 35 hours
- Cyto P450 2C19 (primary), 2D6, and 3A4 substrate

# Fluoxetine (Prozac)

- Dose 20-80mg daily
- **Start at 10mg if patient with anxiety**
- T ½ 72 hours
- Available as 90mg weekly capsule
- **Activating so give in AM**
- May cause akathisia
- Used in bulimia
- Can be used to taper another SSRI with a shorter T ½
- Cyto P450 2D6, 2C9, and 2C19 inhibition
- **C/I with Coumadin (2C9 and 2C19 substrate)**

# Mirtazapine (Remeron)

- Dose 15-45mg at night
- Antihistamine properties help with sleep
- **Paradoxical effect, more sedating at lower doses**
- T ½ 20-40 hours
- Rare S/E of agranulocytosis
- **Not associated with sexual S/E**
- Causes weight gain, if no weight gain by week 6, less likely to cause significant weight gain
- California rocket fuel (in combination with Venlafaxine)
- No Cyto P450 interactions
- **Dissolvable tabs**

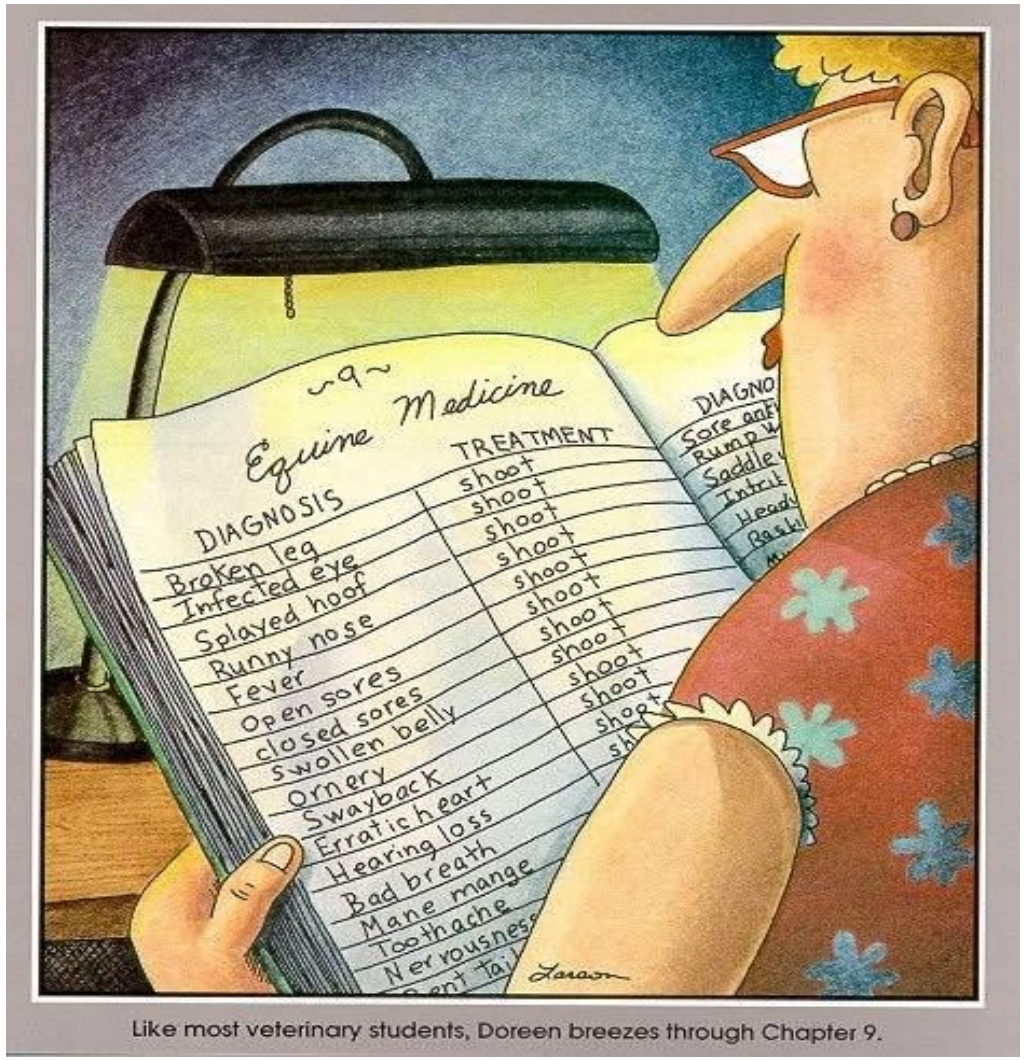
# Venlafaxine (Effexor)

- Dose 75-225mg daily, can go up to 375mg
- Acts like SSRI at lower doses, noradrenergic at doses >200
- **T ½ only 5 hours, bad for noncompliant patients**
- **Discontinuation syndrome: develops 1-3 days after stopping**
- Dose dependent increases in BP
- **Sexual dysfunction**

# Duloxetine (Cymbalta)

- Dose 20-60mg daily
- T ½ 12 hours
- **Nausea is common S/E (in 40% patients)**
- FDA approved for diabetic neuropathy, fibromyalgia
- Cyto P450 2D6 inhibitor
- HTN uncommon
- Get serotonergic and noradergenic effects at lower doses
- C/I in hepatic and renal disease

# Antidepressants for everything?




Like most veterinary students, Doreen breezes through Chapter 9.

# Benzodiazepines

**ATIVAN**

- 10-20 hrs
- First line
- Bridge to treatment
- prn panic attack

**KLONOPIN**

- 18-50 hrs
- First line
- Bridge to treatment
- Can use to taper off other BZD's
- prn panic attack

**XANAX**

- 6-12 hrs
- Tolerance
- Rebound anxiety
- prn panic attack
- Exception and not the rule

*BZD equivalents: Ativan 1mg = Klonopin 0.5mg = Xanax 0.25mg

# Benzodiazepines alternatives

- Gabapentin: neuropathic pain, helps with alcohol cravings
- Buspirone (Buspar): delayed onset of action if used alone, TID if patient prefers frequent dosing, helps with sexual S/E of other meds
- Hydroxyzine (Atarax): good for substance history
- Trazodone:  good for insomnia due to anxiety, conditional QTc prolongation
- Prazosin: insomnia due to PTSD related nightmares
- Atypical antipsychotics (quetiapine, risperidone, olanzapine) can be used in patients with pulmonary disease and OSA if no other medical C/I

# Special Populations

- Cardiac disease: sertraline, avoid citalopram doses ≥ 40mg
- HTN: dose dependent BP increase with venlafaxine
- GI sensitivity: mirtazapine
- Gastric Bypass: open venlafaxine capsule
- Cancer: mirtazapine helpful with weight gain and nausea but monitor for rare agranulocytosis
- HIV: avoid 3A4 inhibitors
- Organ transplant: avoid 3A4 inhibitors
- Renal disease: rule of thirds, but with fluoxetine and citalopram no adjustment in renal disease
- Hemodialysis: give medication in evening after HD sessions

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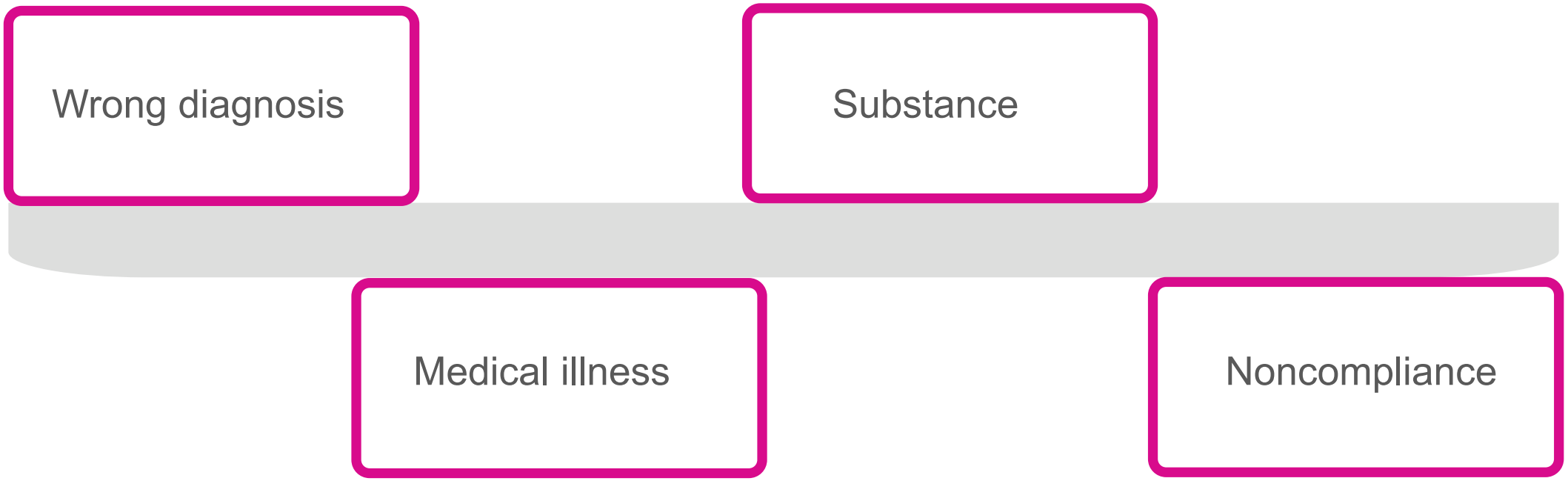
# Treatment Resistance



# High Utilizers

- Schedule brief monthly visits
- Identify patient's want
- Ask for help, enlist other team members or consultants
- Collateral-Collateral-Collateral: family, ISTOP, Care Everywhere, other providers
- Present to institutional interdisciplinary meetings: MPV meetings
- Take a deep breath

# How to discuss side effects?


- Discuss common and serious side effects
- Address patient's specific concern
- "It's still you except minus the anxiety…"
- Destigmatize anxiety
- Mind body connection: anxiety effect on medical conditions
- Increase autonomy by providing options, include patient as partner, give time
- Address suffering and impact on QOL

# The benzodiazepine discussion

- Start by addressing goals of treatment and timeline for taper
- Educate about side effects, tolerance and withdrawal
- Analogy of benzodiazepine as band-aid
- Take a deep breath
- No one wants to be the bad cop
- Always easier to give in, but do right by the patient

# Countertransference with anxious patients

- TAKE A DEEP BREATH
- Use yourself as a diagnostic tool
- Step away from the situation to get a clear perspective
- Clinicians are uncomfortable with helplessness
- Process with a colleague or your friendly co-located CL psychiatrist
- Do right by the patient

# THE END AND QUESTIONS?